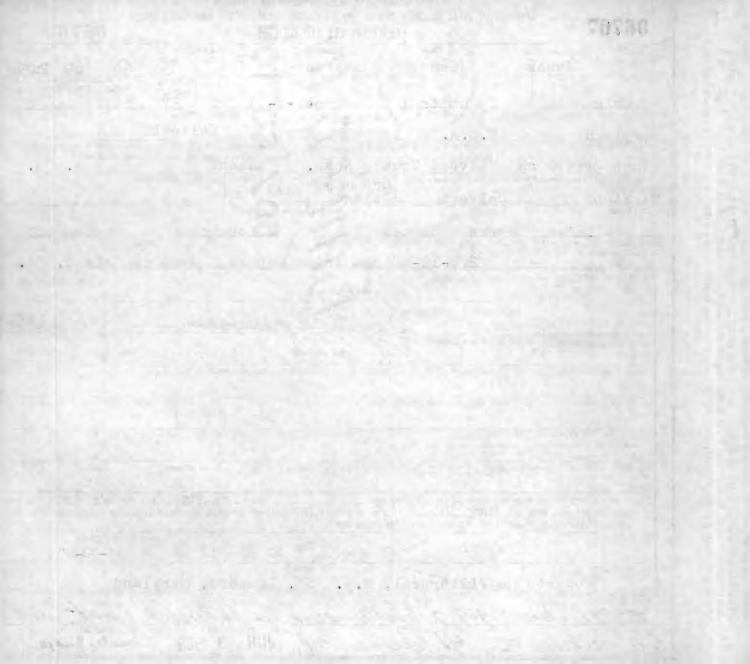
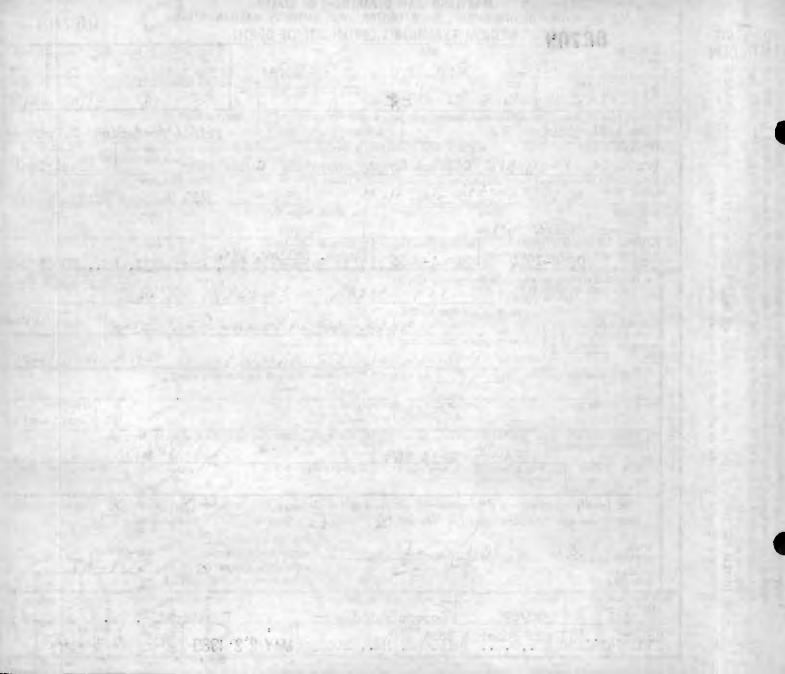
MAKTLAND STATE DEPARTMENT OF HEALTH



					DEPARTME						
06703	}	DIAISION OF	VITAL RECORDS				ORE, MAR	RYLAND 212	101	0670	6
17 17 4 0			41.546	CERTIFIC	CATE OF D						
1. DECEASED-NAME (Type or print)	First		Middle		Last		20. DATE OF	DEATH Mopath	Day	Year	2b. HOUR
3. SEX	пере	ecca	Corneli	a	Barnes			2	26	69	17:50 pm
		4. RACE			S. DATE OF BIRT			6. AGE (In year last birthday)		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN
femal 70. BIRTHPLACE (S10		7b. CITIZEN OF W	negro	10	3-14-			49	YRS.		
country)					NEVER MARRIE	ED .	COUNTY OF				
Marylan 10. CITY OR TOWN C			S.A.	WIDOWED				Calv		Tana andre	Md.
Prince :	Frederi	ick Ca	AME OF HOSPITAL OR I Street address) Ivert Co	unty	Hosp.	during mast	of working of Stic	(Kind of work life, even if reti	red.)	12b. KIND OF I INDUSTRY	BUSINESS OR
130. USUAL RESIDEN admission) SIATE Maryla	E (Where deceas	ed lived, if institu 13b. COUNTY Cal	tian: Residence befare Vert			d, inside city limits? Yes NO		REET AND NUMBI	ER		
14. FATHER'S NAME	First	Middle	Last		S. MOTHER'S MAID	DEN NAME First		Mid	ldle		Last
	Prestor	1	Foot	e		Net	tie			Bish	gon
160. WAS DECEASED Yes, no, or unkno		MED FORCES?	16b. SOCIAL SECURITY		NFORMANT			Addr			
res, no, or urikno	Att] (u has dise a	OL PU MOIST OL 28LANS		1	Wilson	Barne	S	St. L	eon	ard, M	Id.
Conditions, if- rise to immed stating the u lost.	ny, which gave inte couse (a), derlying couse	DUE TO, OR  (b)  DUE TO, OR  (b)  OUE TO, OR  (c)  IDITIONS CONTRIBU	AS A CONSEQUENCE O	RELATED TO	THE TERMINAL E	my DISEASE OR CONE	elmo	I IN PART I(a)		3m	mlls
190. DATE OF O			HICH OPERATION WAS F	ERFORMED	20a. AUTOPS'	Y? NO 🔲		YES, WERE FINDS OF DEATH?	ings con	NSIDERED IN CE	RTIFYING
Ø □ OR CONTRIBUTE	WAS UNDERLYIN IG □ CAUSE OF DEAT y medical examin	HOUR A.M. P.M.	Manth Day Yea	r 19	OW INJURY OCCUR	RRED (Enter no	ture of injur	y in Part 1 or P	art 2, Ite	em 18.)	
While No	while -		( AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	,	CATION Street of			or Town		County	State
cause	stated above	is haspital) att ive an(I) (we) (did)	ended the decea (did nat) view the	sed fram 199, and body after	d that in (my) death.	(aur) apinia	n death 9	curred an ti	, 19 <u>6</u> he data	, that e and haur o	(1) (we) last and fram the
22b. SIGNATUR	SWH	Pleeve	sel.	DEGR	1 1113.	DIREC	TOR	STAFF PHYS.	22c. D/	ATE SIGNED	15
22d. PHYSICIAI NAME (Ty	Robert	o de V	illarrea				ard,	Maryl	and		
23a B <b>DR</b> IAL, CREMA REMOVAL (Spec	<sup>fy)</sup> 5–	30 <b>–</b> 69	Brook	CEMETERY OR	Cem.		Mu	N (City of Tawn) <b>tual</b>	(	(Caunty) County	(State)
24. FUNERAL DIRECT	NECT E	Soeve	address Aller	0		Sa. REC'D BY RI	egistrar 2 1969	25b. REGIST		GNATURE S	e.

Antan grade by the contract of the contract to the c All a respond to the boundary and the Suntyling assessed the same suntilization of an . di visioni landali seri con contin reservice. a Educity to

1 1	Items14817 FilmC413 MARYLAND STATE DEPARTMENT OF HEALTH 5/29/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	06200
FOR STATE	ACONO MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06708
HEALTH DEPT.	1. DECEASED NAME (Type or Print) CORTIS ENGENE BELLEW 20. DATE KNOWN Month OF ESTI- DEATH MATED 5	Doy Year 2b. HOUR 18 19 69 M
delay nd 3 3. Pa	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c, DATE PRONOUNCED DEAD Month Doy  Wonth Days Hours Min. Month Doy	6 Year 19 CL 20 M
ath any oges 1, 2, a th farm PM	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED   9. COUNTY OF DEATH   COUNTRY) WEST VIRGINIA USA WIDOWED DIVORCED PHARE/FREDERA	
	Deince Freigh (a Calvert County Hospital during most of working life, even if refired.)	12b. KIND OF BUSINESS OR INDUSTRY Electrical
haurs after de Item 18. Give F Office alang w Iand 2 with the after death	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE 13b. COUNTY 5 X 20 11c 2 13c. COUNTY 74.11 Harpers	
24 hou in Item r's Offic es I and rs after	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Howard B6/14/64 Bellew Unknown	Lost
within 24 pencil in Examiner's File pages	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 1952-1954 166. SOCIAL SECURITY NO. 17. INFORMANT Bellew ADDRESS FYAT B. Bellow, Wife Oxon Hill,	id., 20021
executed within sading" in pencil Medical Examinel pergit file page of within 72 hay	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
should be ex sword "pend I the Chief M urial-transit p in any event	Conditions, if ony, which gove rise to immediate couse (a), (b)	2 Hoor
This certificate should be e icate, writing the word "per be farwarded to the Chief." I be used as a burial-transfar removal, and in any ever	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF LOST.  (c) DERIZONEAL HEMOREUM. CIRC	Acci Asser
is certificate of the writing the forwarded to be used as a bread and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
his certifica ate, writing e farwarde be used as	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Doy, Yeor  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite	20. AUTOPSY?  YES NO
INER: The certification of files.  3 should be files.	PRIMARY OR CONTRIBUTING HOUR A.M. 5-13-1969 CAR RECIDENT.	
AL EXAMINER: This execute the certificate, rr. Page 4 should be fall for your files.  TOR: Page 3 should be urial, cremation, ar ren	21d. INJURY OCCURRED  WHILE AT WORK AT WORK  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No.  City or Town	County Stote
bical Examiner: se execute the certil ctar. Page 4 should ned for your files. ECTOR: Page 3 should buried, cremation,	22a. I certify that I taak charge of the remains described abave, held an Autapsy, Inspection Inquiry death resulted fram: Natural causes, Accident Suicide, Hamicide	
y, pleaseral direction of retail	ACTUAL SIGNATURE  SYMMETRY  SYMMETRY  CHIEF MEDICAL EXAMINER  22b. DATE:  DEPUTY MEDICAL EXAMINER  3-18	SIGNED
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pr	EXAMINER'S NAME (Type)  ADDRESS(Street, city, town, or county)  23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify) Burial 5/22/69 George Washington Hyattsville, Mc	1.
VR A15ME (5)	4308 Suitland Rd., S.E., Suitland, Md., 20023 MAY 2 2 1969	



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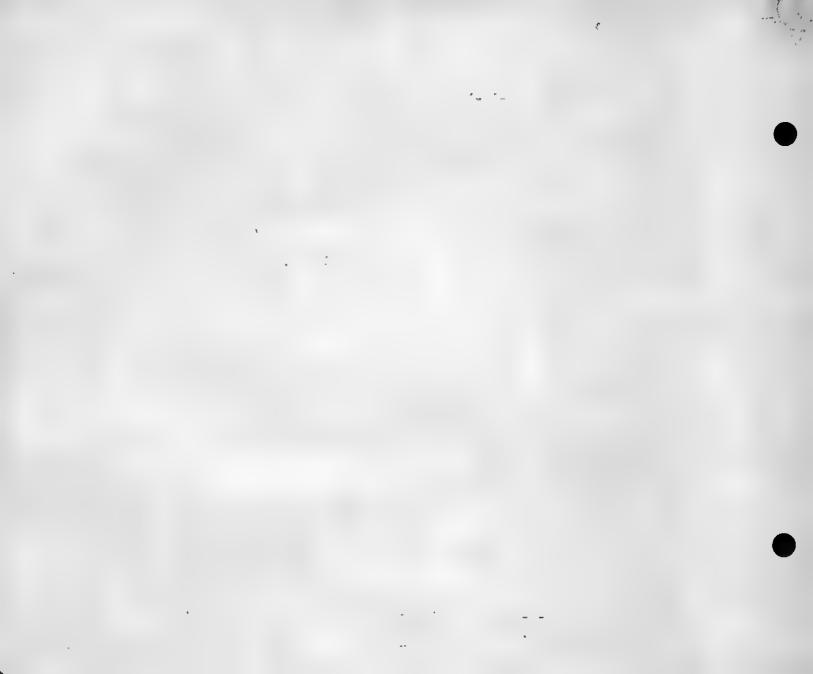
-	-	1		DIVISION OF VITA		ALE DEPAKTMENT UP		IAND 21201		
12	- 1		06711	DIVISION OF YIIF		N. PRESTON STREET, BAL' IFICATE OF DEATH	IIMORE, MAKTI		6710	
death.	and 2 death.		CEASED-NAME First ype ar print) Albe	ert	Middle Kenneth	lost Bramlett	2a, DATE OF DE		69 <sup>Year</sup>	26. HOUR 2:00 pM
haurs offer death	The fur	3. SE	X Male	4. RACE White		June 16, 1		AGE (In years last birthday) 53 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
24 haur	Bers. By		BIRTHPLACE (State or foreign North Caroli	7b. CITIZEN OF WHAT CO	a Iviro	RIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DE	t County		Md.
vithin 2	sly filled in by he funeral one papers. Pages 1 and 2 within 2 hours after death.		TITY OR TOWN OF DEATH	11. NAME Of give street of	HOSPITAL OR INSTITUTION CONTROL CONTRO		IAL OCCUPATION (Kings) of working life	nd af wark dane , even if retired.)	12b. KIND OF INDUSTRY	
executed within	The same of the same of	13a. adm	USUAL RESIDENCE (Where decease issian) STATE Md.	d lived, if institution: R 13b. COUNTY Calv		IT OR TOWN 13d. INSIDE CIT	IIMITS? 13e. STREE	T AND NUMBER	_	
pe exe	ician and cample lease remove car and in any event	14, 1	ATHER'S NAME First Albert	Middle	Bramlett	15. MOTHER'S MAIDEN NAME	First Elsie	Middle	Dotso	last <b>n</b>
Certificate be	physician a nen please noval, and ir	160.	WAS DECEASED EVER IN U.S. ARMI (es, no or unknown) (If yes give wa	r or dates of service)	SOCIAL SECURITY NO.	Jean M. Bram	lett St.	Address Leonard	, Maryl	and
e death cert	signed by the attending phys burial-transit permit. Then p burial, cremation, or removal,		404V	one cause per line for BY: E CAUSE (a) DUE TO, OR AS A C	erlensu	COCN.R.a	lisas	20		MATE INTERVAL NSET AND DEATH
1944 requires that the death a physician.	signed by the Burial-transit ourial, cremati		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A C						
y requir		z	PART 2. OTHER SIGNIFICANT CONT	DITIONS CONTRIBUTING	TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN	PART 1(a)		
The law reattending	icate has been for use as the Realth priar to	CERTIFICATION	19a, DATE OF OPERATION 19b. C	ONDITION FOR WHICH OF	PERATION WAS PERFORME	D 20a. AUTOPSY?  YES NO	CAUSES OF	s, were findings co death?	ONSIDERED IN CE	RTIFYING
b	a se te	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING  ar contributing cause of death (If either, natify medical examine	HOUR A.M. Ma P.M.	nth Day Year	PIC HOW INJURY OCCURRED (Ent	er nature of injury is	n Part 1 or Part 2, 1	tem 1B.)	
S PHYS	this cel detache e Dept.	ME	21d. INJURY OCCURRED 21e. I While Nat while at work	PLACE OF INJURY ( AT HO OFFICE		-/1/	10		County	State
O HOSPITAL OR ATTENDING PHYSICIAM: Page 4 may be retained by the hospital or	<b>PUNERAL DIRECTOR:</b> After this certificate he director, page 3 shauld be detached for use shauld be filed with the State Dept. of Health		couses stated above,	s hospital) attender ive on <u>May 2</u> (I) (we) (did) (did	d the deceosed fro 3 1969 nat) view the bady (	., and that in (my) (our) op	inion death occ			(I) (we) lost and from the
L OR AT	DIRECT ige 3 sh iled with		22b. SIGNATUR 22d. PHYSICIAN'S	en	w	DEGREE ATTENDING PHYS. 22e, ADDRESS	MED. S DIRECTOR P	TAFE	DATE SIGNED	69
SPITAL 4 may	NERAL tor, po		NAME (Type) George	J. Weems,		Hunting	town, Man		//	(Santa)
TO HC	To FU direc shat		BURIAL, CREMATION, 23b. D. REMOVAL (Specify)	26,1969	23c NAME OF CEMETE  TIMENER  ADDRESS	Chapel Cem	23d. LOCATION	25b. REGISTRAR'S	(County)  MUNOSCI	(State)
	VR A15 (4) 30M REV, 1/68	24,	Mulchins	Tuneral	Home W	wiff me one AY	27 1869	flian	to Judy	16

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1 1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		06712 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	711
FOR STATE		HIEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. D	ECEASED-NAME 20. DATE KNOWN Month Day Type or Print) OF ESTI-	Year 2b HOUR
S 0 0 0	,	Cette Mental Death mated 1 2	3 67 PH M
deloy in and 3 to	3 \$1		2d HOUR
de d		7 16.16,1880 88 YRS /	Year & & Present
Dec De		BIRTHPLACE Stope of foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
roor le D	cann	WIDOWED DIVORCED AND AND AND AND AND AND AND AND AND AN	Mo
the Sta	10. 5	MY OR TOWN OF DEATH  All NAME OF HOSPITAL OR INST TUTION (If nat in hospital dynamics af warping fe, even if retired.) INDU	KIND OF BUSINESS OR
hours after death tem 18. Owe Pages 1, Othice along with form and 2 with the State Darfter death.	1	inderent 1	(314)
with death.		USUAL RESIDENCE (Where defeased lived, if Institution Residency perore T30 CTY OR TOWN / 1/34 IMMODILITY UM-152 13e STREET AND NUMBER dmission) STATE / 13b COUNTY / 13b COUNT	
208 8 15 81 4	- 01	They work finder - I'm	
24 houn in Item r's Office ss lond	14. F	ATHER'S NAME First Middle Test 15. MOTHER'S MAIDEN NAME First Middle	Last
/		mittues from Unkown	1
hin 24 nctl in niner's pages hours	16a /Y	WAS DECEASED EVER N U.S. ARMED EDECES?  (16 SOCIAL SECURITY NO. 17 JAGORMANT 1/2 ADDRESS  (17 JAGORMANT 1/2 ADDRESS  (18 JAGORMAN	1/ DIMA
l with n per Exam Exam File p	17	Hamila wind	surger org
O :=		18 CAUSE OF DEATH (Enter only one couse per the for (a), (b), 908 (t)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" if ief Medicol I nsit permit.		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cardiac & While Co	
end in po		DUE TO, OR AS A CONSEQUENCE OF	
be hief		Canditians, if any, which gave need to immediate cause (a), (b)	
should be e ne word "per to the Chief I buriol-transit		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
She she		last (t)	
is certificate to writing the forwarded to used as a bremoval, and		PARTAZ OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT FEATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
iffico iting order of os	NO.	nes many in a cuan	Total distribution of the state
verifi orwor used moval	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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NER: The certification hould be ales. should it into the contraction of the certification of		21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, 11em 18	5.)
cer cer les. les. sho tion	MEDICAL	CAUSE OF DEATH P. M 19	54.4
	35	TP 1 11	ounty State
bical EXAMINER: olease execute the certi- director Page 4 should etained for your files. DIRECTOR: Page 3 should or to buriol, cremotion,		WHILE AT WORK AT WORK Tactory, affice building, etc.)	
Por For riol, riol,		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry,	and in my apinian
		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
please el director retained.	}	ACTUAL CHIEF MEDICAL EXAMINER C	
		SIGNATURE MD ASSISTANT MEDICAL EXAMINER L	ED
		EXAMINER'S  DEPUTY MEDICAL EXAMINER	
o DEPUTY necessory, the funero 5 may be 0 FUNERAI		NAME (Type)  ADDRESS(Street, cty, town ar county)	(6)
5==~5=()	230	BARIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (23d LOCATION (City or Town) (Cou	,, , ,
	24	REMOVAL (Specify) 5-27-69 St. Edmond Ch. Cem Sunderland C:  FUNERAL DIRECTOR ADDRESS   250 REC'D BY REGISTRAR   250. REGISTRAR S SIGNA	al. Md.
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10M REV. 1/68		finding E. Jewell france fred. The par 27 1969 Minules	MARKET



× /. 1	It	em 21 Film 413 6-12 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR CTATE		06713 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5712
FOR STATE	1 0	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	y la noue
MEALIN DEFI.		(Type or Print)	y Year 2b HOUR
To the state of th	3.5	SEX 14. RALE 5 DATE OF BIRTH 6 AGE (n years 15 UNDER YEAR	2d HOUR
a a series	0	12-14-1946 lost birthday) MONTHS DAYS HOUR MAN Month 5 Day 30	Year 189 4/AM
E N E		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF SEATH	
	_	Calverd WIDOWED DIVORCED Calverd	Md
for death Give Page and with the Shah.	1	Whice fellengy of Hospital OR INSTITUTION (II not n hospital during most of works fife, even if retired)	KIND OF BUSINESS OR DUSTRY
alc alc	130	USUAL RESIDENCE (Whose deceased I ved, if institution Residence before 32 City, OR TOWN 13d INSIDE CPT INSITE? 13e STREET AND NUMBER 6405 Livingston	Rd Oxon Hil
haurs Item 1 Office 1 and 2	144	POTHER'S MAIDEN NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
hin 24 haurs ncil in Hem 1 niner's Office pages 1 and 2 haurs after o	Ve	tall M Kauna Lorraine L	Ball
shauld be executed within 24 e word "pending" in pencil in a the Chief Medical Examiner's ounal-transit permit. File pages in any event within 72 haurs		. WAS DECASED EVER IN U.S. WRMED FORCES? Yes ny ar unknown) (If yes give wor or dates of service)  (If yes give wor or dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  Ralph M. Farina 6405 Livingsto	n Dd O
d within in pencil Examine File pag	-		
is certificate shauld be executed will the writing the word "pending" in performed to the Chief Medical Example used as a burial-transit permit. File remaval, and in any event within 72		PART I DEATH WAS CAUSED BY	APPROXIMATE INTENAL BETWEEN ONSET AND DEATH
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ertificate shauld writing the word warded to the Creased as a burial-tracked, and in any		PART 2 OTHER AGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DIE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	0
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VER: This certificate, writh hauld be farwarilles. shauld be used trian, ar removo	CERTIFICATION	195 DATE OF OPERATION 186 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AJTOPSY?
ter: This certificate, certificate, acted be faces.	ERTIE	21 a. EXTERNAL CAUSE WAS 21b. TIME OF NJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO
and of an and an	3	PRIMARY Z OR CONTRIBUTING HOUR A.M.	10 )
INER ie cer shau shau files. 3 sha natiar	MEDICAL	CALL OF THE CALL O	County State
KAMINER: TI te the certifica ge 4 shauld by yaur files. 'age 3 shauld I crematian, ar		With the Note of Mark of home, form, street, at work a	t Md.
bical Examiners se execute the certactor. Page 4 should inded for your files.  RECTOR: Page 3 should be build, cremation		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	ond in my opinion
ICAL E e execution. Pope ed for CTOR: F burial,		death resulted from: Notural causes, Accident	
please e director retained		CHIEF MEDICAL EXAMINER	
JTY, ple eral di be retu RAL Di priar		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	NED //
necessary, please execute the funeral director. Page 4 5 may be retained for your for FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER ADDRESS(Street, city town or county)	0/69
TO DEPU necessa the fun 5 may TO FUNE Health	230	BURIAL CREMATION. 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	ounty) (Stote)
		PEMOVA (Specify)	Maryland
Α.		FUNERAL DIRECTORROBERT E. Wilhelm Funer Home 250 REC'D BY REGISTRAR 256 REGISTRAR 5 SIGN	NATURE
VR ATSME (E)	4	4308 Suitland Road Suitland Maryland   1969 Yelsandas	youde la



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	at at the state of		ECEASED NAME First Type or print)		Middle		Consense		a. DATE OF DEATH Month	Day_	<b>Yeor</b>	26. HOUR
	e	2.0	George Grand		Flippo		Gravat			19	69	9:10 a <sup>M</sup>
	# 1 4 4 9 1 E	3. 51		4. RACE			S DATE OF BIR		6. AGE (In last but)	gy) MONTH		IF UNDER 24 HRS. HOURS MIN.
	5	_	male	W CIT TON OF W	hite		45-26-		73	YRS.		
	hau in b rs. ! hou	toni	BIRTHPLACE (State or foreign	7b. CIT.ZEN OF W			NEVER MARR	TO L.	COUNTY OF DEATH			
	nin 24 h filled in papers thin 72 h	10	Virginia	U.S.	A .  IAME OF HOSPITAL OR IN:	WIDOWED	hyperad	4-3	Calver		Miles on a	Md.
	equires that the death certificate be executed within 24 haurs after death physician.  signed by the attending physician and completely filled in by the transit permit. Then please remave carbon papers. Places on burial transit permit, ar remaval, and in any event, within 72 hours after death burial, crematian, ar remaval, and in any event, within 72 hours after death		rince Frederi	ck give	street address)		HOSP	during most	CCUPATION (Kind of wo of yorking life, even if i	نظام (retired.	SUSTRY PICST	USINESS OR  Reflection to
	executed withing completely fremave carbon any event, with	130	USUAL RESIDENCE (Where decease	ed lived, if institu	t an Residence before	कि दी व	R TOWN 1	3d. INSIDE CITY I MITS	13e. STREET AND NU		(-D)	CALIBIOALES!
/	comple nave co	adra	Maryland	13b COUNTY	ert		blic	YES NO 🕱		~		
(	and a rema n any		FATHER S NAME First	Middle	Last		IS. MOTHER 5 MAI	DEN NAME First		Middle		Lost
,			George		Grav	att		Inez			Flir	סמנ
	ate icial leas and	16a		ED FORCES?	16b SOCIAL SECURITY I		INFORMANT		A	ddress		
	hys n p val,		. WAS DECEASED EVER IN U.S. ARM (es. po., or unknown)  Yes	NI	217-32-1	725	Annie	R. Gra	vatt. Por	t Repu	blic	Md.
	e death certificate by attending physician bermit. Then please an, ar remaval, and ii		18. CAUSE OF DEATH (Enter onl	y one couse per	ge for/(a), (b), and (c)	10	2	\$ 11	()		APPROXIMU BETWEEN ON:	TE INTERVAL ET AND DEATH
	attendi attendi permit. ian, ar re		PART I DEATH WAS CAUSED IMMEDIA	TE CALSE (a)	0, V, a -	Ceret	Max	C2068	Eles	4	rul	68
	atte pern an,		4 /	DUE TO, OR	AS A CONSEQUENCE OF	0	A	0 -	20	-		
	t the the sit p	1	Conditions, if any which gave ) rise to .mmediate couse (a),	(b)	ausera	kac	7-1-1	lisell	clim			
	aquires that tl physicían. signed by the burial transit burial, cremat	L	stoting the underlying cause	DUE TO, OR	AS A CONSEQUENCE OF							
	equires physici signed burial 1 burial,	L	last.	(c)								
4	phy phy sign bur bur		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIB	LTING TO DEATH BUT N	OT RELATED 1	O THE TERMINAL	DISEASE OR COND	DITION GIVEN IN PART 1(d	3)		
١,	w raing seen she ir ta	8					1		Ten is used to the second	tin him can ain h		Tambana
	tend transport	3	190, DATE OF OPERATION 196.	ONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20a. AUTOP		20b. IF YES, WERE F CAUSES OF DEATH?	INDINGS CONSIDE	RED IN CER	TIFYING
	문 등 등 등 등 4 ×	CERTIFICAT	210 ACCIDENT WAS UNDERLYIN	^ TOL THEF	as it illou	(a) 1	YES	NO 🗌		0 1 5 11 11		
	AN: al a icat for for Hec		GR CONTRIBUTING CAUSE OF DEATH	HOUR A.M	Month Day Year		IOM INJURY OCCU	JRKED (Enter no	ture of injury in Port 1 o	r Part 2, Item 11	3)	
	SIC Spit Spit Spit Spit Spit Spit Spit Spit	MEDICAL	(If either, natify medical examin	er) PM	) I		0.5171011 5	0.50 N				
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician all director, page 3 should be detached for use as the burial transit permit. Then please should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in	-	21d. INJURY OCCURRED 21e. While at work	PLACE OF INJURY	( AT HOME, FARM, STREET FAR OFFICE BUILDING, ETC.	CIOKE, ] 211, L	UCATION Street	ar RFD No.	City or Town	Cou	nty	Stote
	NG NG Te de		22a. I certify that (I) (thi	s haspital) at	tended the decease	ed fram	May		_, to May 19	. 19_69	, that	(I) (we) last
	ND Ad b		22a. I certify that (I) (thi saw the deceased al causes stated abave	ive on May	, 191	196 <u>9</u> , ar	nd that in (my	) (aur) apınia	n death accurred a	n the date an	d haur a	nd fram the
	aine To So the	L	causes stated abave	(I) [we) (did	(did nat) view the	body after	death.					
	R A A RECT SECTION IN WILL WILL WILL WILL WILL WILL WILL	ı	22b S/GNAPURE	/	01-	DEG	ATTENDING	G GO MED	STAFF C	22c DATE S	19-6	0
	o d per /	L	206 PHYSIC ANDS	151	X	DEG	REE PHYS		FOR PHYS. L	2 2-	19-0	7
	MAI MAI Ped			C. Jet	t, M.D.				rederick.	Marvil	and	
	O HOSPITAL Page 4 may O FUNERAL director, page	230			23c. HAME OF	CEMETERY OF			3d OCATION (City prik		inty)	(State)
	Pag Pag O Fl dire sho	100	BURIAL, CREMATION 23b C REMOVAL (Specify)	121/60	Milling	Chu		estere	12/1/	Mine	The same	f bet
	1) 0	24	SHINERAL DIRECTOR	10/	ADDRESS	- rue	-	25a REGO BY R		GISTRAR S AIGNA	TURL	1
	30M REV. 168	14	4. Harkness	20 Jan	y Voit-11.	Epulle	sc, Ind.	DAMAY 2	1 1969	marces	10	
	9 · V							T				



_	1		MARTLAND STATE DEPARTMENT OF HEALTH	
		06715	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		() () 3.0	CERTIFICATE OF DEATH	06714
÷ _2≠		ECEASED-NAME Fire		2b. HOUR
death.	(	(ype or print) Em.	ma Lyons Harry Manth Day	1969 6am
	3 5		4 RACE S. DATE OF BIRTH 6. AGE (In years	F UNDER 1 YEAR / IF UNDER 24 HRS.
the funeral and so dies deal		Temale.	white 4-13-1882 lost birthday! YRS	ONTHS DAYS HOURS MIN.
by ya		BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
d in Sers 72 h	cou	ntry) MA	71.5, A. WIDOWED & DIVORCED [ Calvort	Md.
run 24 filled pape thin 72	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)  12a USUAL OCCUPATION (Kind of work done during most of work to the event treated)	12b. KIND OF BUSINESS OR INDUSTRY
with with ban ban		Hunhagton	Tellerid .	Home
executed within 24 haurs after death accompletely filled in by the funeral smove carbon papers Pages and 2 any event, within 72 haurs after death	13a adm	USUAL RESIDENCY (Where dece	ased hved, if institution Residence before 132 CITY OR TOWN, 13d. INSIDE CITY UMITS? 13e STREET AND NUMBER	
5 5 5 7	=	///Ur	Call Themengers	
a read	14	FATHER'S NAME First	Klin T. Lyans I am Maude Ha	lost to
ian ian and	160	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address /	04514
PHYSICIAN: The law requires that the death certificate be exhibited an attending physician. His certificate has been signed by the attending physician and etached for use as the burial-transit permit. Then please remore, at Health priar to burial, are mattan, ar remayal, and in an analysis.			e war or dotes of service) ? Ida Gibson Hurting	Trein Md.
They pl		18. CAUSE OF DEATH (Enter of	anly ane cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ndin Int.	L	PART I DEATH WAS CAUS	SED BY OCCUPE Mean failure	SCHOOL SUDDEN
e de atte	1	1 4	DUE TO, OR AS A CONSEQUENCE OF	
the sit p		Canditions, if any, which gave		
thal zn. by l rans	П	rise to 'mmediate cause (a) stating the underlying cause	DUE TO OD AS A COMPONENCE OF	
res sicic al-t	1	last.	(t)	
phy phy sign buri buri		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
w rading seen the radius				
e la tend as by as as	CERTIFICATI	19a. DATE OF OPERATION 191	b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AJTOPSY? 20b. IF YES, WERE FINDINGS CON:	SIDERED IN CERTIFYING
A Bread A		21a ACCIDENT WAS UNDERLY	TES NO	
AN al al al circati		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Month Day Year	n. 18.)
SIC spit spit red red t. af	MEDICAL	(If either, natify medical exam 2 d. INJURY OCCURRED 21		County Stole
PHY his chart	П	While Mat while M	OFFICE BUILDING, ETC	county stole
NG V th V th e die	П	22a. I certify that (1) (t	this haspital) arrended the deceased from 1975, to 1975, to	27, that (I) (we) last
NDI Sd b Id b Id b	П	saw the deceosed	otive an	ond havr ond from the
Gine Strate	П		ve, (1) (we) (did) (did nat) view the bady after death.	i double
R A RECI	П	22b. SIGNATURE	DEGREE PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR	IE AlGNED
N V Properties		22d *PHYSICIANS	22e ADDRESS	1,0
Page 4 may be retained by the hospital ar attending physician.  • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers bages shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hadrs other		NAME (PVDE)	J. Weems M.D. Hunting Jown M	a.
HOS Bge 4 FUNI	23 a	BUR AL, CREMATION 7 236	DATE 23c MAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town)	(County) (State)
200 0 0		RYARYA. (Specify)	May 11, 1969 Miranda Cemetery Huntingtown (	west 170.
VR A13	24.	FUNERAL DIRECTOR	ADDRESS PLEASE TO BY REGISTRAR SAM AY 1 2 1969 SE REGISTRAR SAM	NATURE MAR.
30M REV \ 1/de	16	111. X 4112 Min	Call John 121 / TERICOTE / MAMAY 1 6 1309	0 0



1	Ιt	emli FilmGl12 5/13/69kMARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06715
HEALTH DEPT.		ECEASED NAMEELST / Madde UNIV // 20, DATE KNOWN Month	Day Year 2b HOUR
. o o o o o o o o o o o o o o o o o o o		Type or Print DEATH MATED DEATH MATED	5 A 11 AM
and 3 y	3 9	A RANGE OF BIRTH OF BIRTH OF BIRTH OF BIRTH OF BIRTH ON THE ONLY ON THE OWN	Year 169 // AM
orm P	70 £001	BIRTHPLACE (Stote or foreign 76 CIT)ZEN/OF (WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	Md
hours after death Item 18. Give Pages 1, Office along with form I and 2 with the State De ofter death.		give street address) give street address)	12b KIND OF BUSINESS OR INDUSTRY
rs after 18. Giv e olong 2 with t	13a	LSUAL RESIDENCE (Whole deceased rived, if institution: Residence behave be the Doc (ATV OR TOWN 13d INSIDE CITY MITS? 13e. STREET AND NUMBER YES NO	
24 hours in Item 13 r's Office es 1 and 2	14.	ATHERS MAME First Middle Cost IS MOTHER'S MAIDEN NAME First Middle	Lost
within 24 pencil in xaminer's xaminer's 172 hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES?  [If yes give wor or daves of service]  16b SOCIAL SECURITY NO. 17 DEFORMANT  17 DEFORMANT  17 DEFORMANT  18 - 3907  18 - 390	2-
d be executed within 24 d "pending" in pencil in Chief Medicol Examiner's tronsit permit. File poges y event within 72 hours		18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b) apol(c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be exe "pendii nief Mei onsit pe		Conditions, if any, which gave	
wall wall the rrial-		rise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF last.	
ate g th ed t	_	PARTY 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTHING TO DEATH BUTHING RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
0 5 5 E V	F-CATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
Thi ifficati d be	CERT	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 2tc HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item HOUR A M. P.M. 19	
EXAMINER: cute the certing oge 4 should ryour files. Page 3 shauld, cremotion, 1, cremotion, 1,	MEDICAL	CAUSE OF DEATH PM 19 21d INJURY OCCURRED WHITE AT WORK AT WORD WORK AT	County State
AL E) execu- r. Pog for y for y urial,		22a   certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry death resulted from Natural causes Accident , Suicide , Hamicide , Undetermined monner	
please of director retained or to bu	Н	death resulted trade, wallow causes/(2), Accident [], Suicide [], Harmicide [], Onderermined moniter [	_
JTY please erol direct be retaine	Н	ACTUAL SIGNATURE MD. ASSISTANT MEDICAL EXAMINER 22b DATES	IGNED
ro DEPUTY DIC. necessory, please ethe funerol director 5 may be retained for UNIEM. DIRECT Heolth priar to be		EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER ADDRESS(Street, city town, or county)	5/87
the the F	230	REMOVAL (Specify)  23b DATE 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  23d LOCAT ON (City or Town) C C C C C C C C C C C C C C C C C C C	(Coenty) (State)
VR A15ME (5)	24.	FUNERAL DIRECTOR  Penkney E. Dewill Prince Fled DATE 8 1969 GClorels	
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	1	and and they do not	DIVISION OF	VITAL RECORDS, 301	W. PRESTON STREET, BA	LTIMORE, MARYLAND 21	1201
		06717		CER	TIFICATE OF DEATH		06716
£ _2∉			first	Middle	Lost	2o. DATE OF DEATH	2b, HOURD
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fer fer fer	3 SE	X	4. RACE	/	S. DATE OF BIRTH	6. AGE (In y	POPS IF UNDER 1 YEAR IF UNDER 24 HRS.
s af the age fs of		MALE	NE	GRO	5 T2	69	ALS: WOHLH? BYAZ HORES MAR
Door Age		BIRTHPLACE (State or fareign	7b. CITIZEN OF WH	"	AARRIED 🔲 NEVER MARRIED 📥	9. COUNTY OF DEATH	
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Con love	<b>L</b>		40.11		15 MOTHER'S MAIDEN NAME		Viddle Lost
e e e	[4. ]	FATHER S NAME First	Middle	Last		E FIRST A	
on on one	160	Mathe WAS DECEASED EVER IN U.S.		Jones 16b. SOCIAL SECURITY NO.	Rosie	Δ.	Jones ddress
icot Vsici plee		es, na, or unknown) (If yes	give war or dates of service)	TOB. SECIAL SECORIES NO.	Amanda '		s Md
requires that the death certificate be executed to physician.  It is signed by the ottending physician and camplet be buriol-transit permit. Then please remove car a buriol, cremation, or removal, and in any event.		18. CAUSE OF DEATH (Ente		(A) (A) and (A)			APPROXIMAYE INTERVA.
th oding	L	PART I, DEATH WAS CA	lUSED BY:	(a) (a), (b), old (c);	Tura	11/2 312	BETWEEN ONSET AND DEATH
deo tten rmid rmid		777 X IMA	MEDIATE CAUSE (o)	S A CONSEQUENCE OF	ana o	- 1 x 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
the or the		Conditions, if ony, which go	( BYC	2 W (CM2CARCE OL			
hot Jy # Sonsi		rise to immediate cause ( stating the underlying ca	a). (D)	S A CONSEQUENCE OF			
es the second se	1	last.	(4)				
physician physician signed by buriol-tro buriol, cre		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT NOT R	LATED TO THE TERMINAL DISEASE (	DRICONDITION GIVEN IN PART 1(o	1)
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at the second of	Œ				YES NO	L	
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OR ATTENDING PHYSICIAN be retained by the hospital SIRECTOR: After this certifica e 3 should be detached for ed with the Stote Dept. of He	MEDICAL	(If either, natify medical ex	tominer) P.M.	. 19			
HYS hos s ce ache ept.	≥	21d IN.JRY OCCURRED While - Not while -	21e. PLACE OF INJURY	AT HOME FARM, STREET FACTORY, OFFICE BUILDING, ETC	21f LOCATION Street or R.F.D	No. City of Taym	County State
G P te D te D	П	While Not while ot work	1.1 2 1 1. 13 100.7		8/0/	5/1	10 6 2 1 1 1 1 1 1 1
DIN by Affer be Sto	П	22a. I certify that (I)	(this haspital) atte	ended the deceased t	on that in (my) (our)	prinion death occurred or	, 19 67, that (I) (we) last n the dote ond haur ond fram the
ned ned the the	1	couses/started at	ove, (I) (we) (did)	(did not) view the bod	vafter death.	prinori acom occorred or	
A September 1		22b. SIGNATURE	100	- /	ATTENDING	MED. STAFF	22c. DATE SIGNED
DIRE 3			RUC	m	DEGREE PHYS.	DIRECTOR PHYS. L	
SPITAL 4 moy VERAL   far, pog		22d. BHYSICIANS NAME (Type)			22e ADDRESS		
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-fronsit permit. Then please remove carbon pages. Pages 1 and should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.			***************************************	las vivi et	Tray on correction	Total Location (C)	(6.44)
O HOS Poge / Fun Shoul	230	REMOVAL (Specify)	23b DATE -14-69		TERY OR CREMATORY	23d LOCATION (City or To Sunderland	d Cal. Md
• •		FUNERAL DIRECTOR		ADDRESS	nds Ch. Cem		GISTRAR'S SIGNATURE
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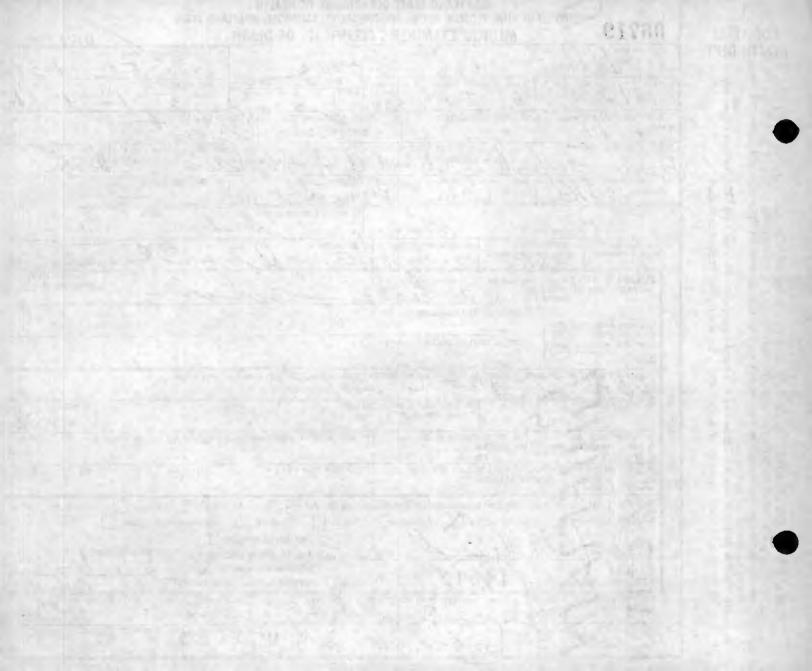
MAKTLAND STATE DEPAKTMENT OF HEALTH



		1			D STATE DEPARTMENT O		
	_ 1		06718	DIVISION OF VITAL RECORDS,			06717
1		_			CERTIFICATE OF DEAT		
	ath.		CEASED NAME First ype or print)		lost	20. DATE OF DEATH Month: Q	2b HOUR
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	S		female	white	12-11-13		5.
	an sa	(OUI	IRTHPLACE (Stote or foreign try)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
	24 ed /	M.	aryland	U.S.A.	WIDOWED DIVORCED	USUAL OCCUPATION (Kind of work done	Md,
	within within your fill within		rince Freder	nive street address)	unty Hosp.	g most of work ng life, even if retired ? ALESLADY	126 KIND OF BUSINESS OR INDUSTRY Jewelry Store
	e be executed within 24 hours after death an and completely filled in by the funeral bse remave carbon papers. Fages I and and in any event, within 72 hours after death	13o odm	LSUAL RESIDENCE (Where deceo ssion) STATE Laryland	osed Lved, if institution Residence before 13b. COUNTY Calvert	134 HTY OR JOWN LISA INSIDE OF THE SAPE AK PYES AND THE SAPE AK PYES AND THE SAPE AK PYES AND THE SAPE AND TH	NO 13e STREET AND NUMBER	
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	e le ju		Willia	m Klein		argaret	Burke
	5 5 6	160	WAS DECEASED EVER IN U.S. ARA			Address	7 04 25 0
	physical phy		no	216-12-4		Klein, Chesape	ake Beach, Md.
	requires that the death certificate g physician. n signed by the attending physic e burial-transit permit. Then pled a burial, crematian, ar remaval, an		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per ne for (a), (b), and (c) ED BY iATE CAUSE (a)	Corcinam	3 Bunst & -	BETWEEN ONSET AND DEATH
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	ar to a series	ERIF	210 ACCIDENT WAS UNDERLYI	INC. Tost vine of Humpy	E-mg-7		1.45 10.5
	CIANS ital a lifficat I for	SE C	DR CONTRIBUTING CAUSE OF DEA			Enter nature of injury in Port 1 or Port 2	r, trem (b.)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please-remave carbon papers. Togges 1 and 2 shauld be filled with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.	ME	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY ( AT HOME, FARM, STREET FA		No. City or Town	County Stote
	NG Y th Y th e r tl e de		220 1 certify that (1) (th	his haspital) attended the deceas	ed from NOV 8	9_67, to May 18 .1	9. 69, that (I) (we) last
	Aft by a street of the street		saw the deceased a	his haspital) attended the deceas alive an May 17	9 69, and that in (my) (our)	opinian death occurred on the o	date and haur ond from the
	dine dine dine dine dine dine dine dine			re, (I) (we) (did) (did not) view the	body after death	100	- AATE CANTEN
	OR A be ret be ret oli RECI		22b. Signature	wo love (1)	DEGREE PHYS	MED STAFF DIRECTOR PHYS	S-19-69
	may t RAL D RAL D Paga be file		22d. PHYSICIAN'S NAME (Type) Issa	m F. el Damalou	22e. ADDRESS	ce Frederick, 1	Marvland
	TO HOSPITAL Page 4 may TO FUNERAL I director, pag	230	BURIAL CREMATION 23b		CEMETERY OR CREMATORY	23d LOCATION (City, or Town)	(County) (State)
	5 5 5 P		ing viat	1ax 20, 1969 7m7	Harmony Ch. a	in ( wings /	about ma
	OM REV	24.	FUNERAL DIRECTOR	Funeral Home	Persego DE DATMA	D BY REGISTRAR 28D. REG STRAR	es signature
	(1)	+	THE PERSON OF THE	Y			



1 11	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	Г	06719 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1.	DECEASED-NAME (Type or Print)  Middle Lost 20. DATE KNOWN Month	06718
		(Type or Print) Lee Lowe DEATH MATED . 5	Doy Year 26. HOUR
deloy is and 3 to A3. Poge thment of	3.	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours I IF UNDER 1 YEAR I IF UNDER 24 HRS 2c. DATE PRONOLINGED DEAD	2d HOUR
ony deloy 1, 2, and 3 1m PM3. Po Department		M 6-27-1925 (ast birthday) MONTHS DAYS HOURS MIN. Month 5 Day	2 Yeor 169 3 Am
2, 2, P.		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED PREVER MARRIED 9/COUNTY OF GEATH	170-8
re D	COU	MIDOWED DIVORCED Calvert	Md.
ve Pages y with for	12	ATY OR LOWN OF DEATH 120, USUAL OCCUPATION (II got in hospital 120, USUAL OCCUPATION (Kind of work done	126 MIND OF BUSINESS OR
iter death Give Pages ang with for thinhe State	L	mile fellewift of the Willette	Doiler
18. Give Pages 1, e-sking with form	130	. USUAL RESIDENCE (Where decrosed lived, if instruction: Residence before 13d gitty OR TOWN	
		The convey while parish in	
	14.	FATHER'S NAME First Middle Rose 15. MOTHER'S MAIDEN NAME Statch Middle	Blair
hin ndil pog hou		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (Hyes give wor or dottes of farvice) 721-27-0318 Jennes During Property of the Common Property of t	71/10
Exon Exon File		The state of the s	APPROXIMATE INTERVAL
	Н	PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
×P × a+		7824 IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENCE OF	
should be execute ne word "pending" to the Chief Medica buriol-transit permit		Conditions, if any, which gave	
		rise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
ertificate should writing the word rworded to the Cl sed as a buriol-tr noval, and in any		last.	
certificate s, writing the forworded to used as a bu imoval, and is		PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUY NOT RELATED TO THE TERMINAL TOTAL CONDITION GIVEN IN PART 1(0)	
certificate writing the revorded to seed as a look ond noval, and	×	Votre at Calour & Horfuley	
	CATIC	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This icate, be for a ren	CERTIFICATION		YES NO
*====		216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 1	fem 1B.)
INER: ne certifi should files. 3 should nation, c	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City of Town	County
₹ + = 0 E		WHILE AT WORK AT COOK AT WORK	County State
ICAL EXA execute tar. Page ed for you CTOR: Pog burial, cre		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry	ond in my opinion
		deoth resulted from: Notural couses Accident , Suicide , Homicide , Undetermined manner	
pleose e I director retained DIRECT		CHIEF MEDICAL EXAMINER	
n		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED /
		EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	12/69
O DEPUTY the funers 5 may be 6 FUNERA Health pr	02	NAME (Type)  ADDRESS(Street, city, town, or county)  BURNATURE (Type)  ADDRESS(Street, city, town, or county)  County	ind.
5 2 5 1	230	BURNAL SEMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City or Town)	(County) (State)
	24.	FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS APPLICATION OF ALL PROPERTY AND ADDRESS APPLICATION OF A PROJECT AND ADDRESS APPL	SIGNATURE
VR A15ME (5) 10M REV: 1/68	4	a. Harkress don fort Bepublic, Med DATE MAY 1 = 1968	100



MAKILANU STATE DEPAKIMENT OF HEALTH

